

FY 2007 ESG PRE-APPLICATION CHECKLIST

This form must be completed by the Pre-Application preparer and returned with the applicant organization's completed FY 2007 ESG Pre-Application.

Section A – Applicant Organization Information

- _____ Name, address, telephone number, fax number, and email addresses for applicant organization are listed (Question 1, page 13).
- _____ Applicant's fiscal year is included (Question 3, page 13)
- _____ Is homelessness the primary condition for the admission of a client into the homeless facility operated by the applicant? (Question 4, page 13) YES _____ NO _____
If NO, what is the primary condition stated?

- _____ Evidence of the participation of homeless/formerly homeless individuals on the applicant organization's board of directors or other equivalent policy making entity OR description of the process used by the applicant organization to assure the involvement of homeless/formerly homeless individuals in considering and making policies regarding the facility, services or other assistance to be funded in whole or part with ESG funds is included (Question 5, page 14).

Section B – Homeless Facility Information

- _____ Name of facility (if different from applicant organization) is included along with its address, telephone and fax numbers, email address and name of manager. (Question 1, page 15).
- _____ Date that facility opened its door for operation has been included. (Question 2, page 15).
- _____ Type of facility for which funding is requested is indicated. (Question 3, page 15).
- _____ Category (ies) of homeless persons served by facility is indicated. (Question 4, page 16).
- _____ If facility is not operated year round, months facility is operated are indicated. (Question 5, page 16)
- _____ Number of stationary beds in the facility is included (Question 6, page 16).
- _____ Client fees (if any) are indicated and information requested (Items a – f, Question 7, page 16) is given.

IF FACILITY IS NIGHT ONLY, 24 HOUR, EMERGENCY, DOMESTIC VIOLENCE, TRANSITIONAL, INTERFAITH HOSPITALITY NETWORK OR SAFE HAVEN

- _____ Questions 8 - 10 are answered completely (Page 16 - 17)

IF FACILITY IS DAY ONLY

- _____ Questions 11 - 13 are answered completely (Page 17).

- _____ Complete description of all essential services offered to clients by facility is included (Question 14, page 17).
- _____ If received, the amount of FY 2006 (July 1, 2006 – June 30, 2007) funding is indicated (Question 15, page 17).
- _____ Is the facility owned _____ or leased _____ by the applicant organization? (Question 16, page 17) If leased, is a current lease agreement attached? YES _____ NO _____
- _____ Is the applicant organization located within an existing Continuum of Care area? (Question 17, page 17) YES _____ NO _____
If YES, which one? _____
If NO, is the applicant currently participating in the Carolina Homeless Information Network (CHIN)?

Section C – Supporting Documentation

IF NEW APPLICANT OR APPLICANT THAT DID NOT RECEIVE FUNDING IN 2006

(Item 18 a - f, page 18)

- _____ Applicant organization's articles of incorporation, bylaws and applicable amendments are included.
- _____ Notice of tax exempt status OR copy of applicant's Form 990 for most recent tax year is included.
- _____ Names, addresses and telephone numbers of all members of applicant organization's board of directors are included.
- _____ Audit report, sworn accounting of receipts and expenditures for organization's previous fiscal year OR a certification of the applicant organization's accounting procedures by a CERTIFIED PUBLIC ACCOUNTANT is included.
- _____ Certification of endorsement (dated after 12/31/2006) on official letterhead from the mayor, city/county manager or officer of the board of county commissioners of the unit of local government in which facility is located is included.
- _____ Certification of endorsement specifically names applicant organization and its facility for which funding is sought.
- _____ Copy of the facility's program rules and regulations for clients and/or client handbook listing such rules and regulations is included.

IF APPLICANT RECEIVED ESG FUNDING IN 2006

(Item 19 a – f, page 18)

- _____ Names, addresses and terms of office of current members of applicant's board of directors is included.
- _____ Audit report OR sworn accounting of receipts and expenditures for applicant's previous fiscal year OR a certification of the applicant's accounting system completed by a CERTIFIED PUBLIC ACCOUNTANT (CPA) is included.
- _____ Certification of endorsement on official letterhead (dated after 12/31/06) from the mayor, city/county manager or officer of the board of county commissioners of the unit of local government in which facility is located is included.
- _____ Certification endorsement specifically identifies the applicant organization and its facility for which funding is requested.
- _____ Copy of the facility's program rules and regulations for clients and/or client handbook listing such rules and regulations is included.
- _____ Certification is signed by board chairperson or executive director of applicant organization (page 15).
- _____ If applicable amended articles of incorporation, bylaws or evidence in change of tax exempt status is included.

Signature of Preparer of Pre-Application Date _____

Title Telephone _____

EMAIL _____